



Dear Jr. Lifeguard Assistant Candidate,

Thank you for your interest in the Refugio Jr. Lifeguard Assistant Program.

**Enclosed is your pre-training packet. If you do not complete it on time, you cannot attend training.** Please read the information carefully, fill out the attached forms completely, & then return the packet **no later than the 1<sup>st</sup> day of Assistant training.** \*If you were an Assistant last year, you do NOT have to get a Live-Scan again but you do have to fill out the other forms.

**Checklist of Attached Forms:** Please check each form **BEFORE** sending back your **COMPLETED** packet and staple the packet together **IN ORDER.**

- \_\_\_ Essential Functions Health Questionnaire (pp. 1-2)
- \_\_\_ Assistant Duty Statement (p. 3)
- \_\_\_ DPR 883 – Pre-employment/Conviction Disclosure Statement (pp. 4-5)
- \_\_\_ DPR 208 – Volunteer Service Agreement (p. 6)
- \_\_\_ DPR 208C – Parental/Guardian Permission (p. 7)
- \_\_\_ DPR 208D – Volunteer Confidential Information (p. 8)
- \_\_\_ DPR 615 – Employee's/Volunteer's Notice of Pre-designated Physician (pp. 9-10)
- \_\_\_ STD 689 – Oath of Allegiance & Declaration of Permission to Work (p. 11)
- \_\_\_ DPR 993 – Visual Media Consent (p. 12)
- \_\_\_ Nepotism Policy (pp. 13-14)
- \_\_\_ Channel Coast Seasonal Hire Questionnaire (p. 15)
- \_\_\_ Sexual harassment Policy (pp. 16-19)
- \_\_\_ Workplace Violence Policy (p. 20)
- \_\_\_ Volunteer Receipt for DPR Policies
- \_\_\_ Emergency Contact & Medical Info for a Child (p. 22)
- \_\_\_ Live Scan Places of Service & BCII 8016 – Request for Live Scan Service (pp. 23-24)

**IMPORTANT:** Please note that a DOJ/FBI Live-Scan (fingerprinting) is required for anyone working with children. Most police departments provide Live-Scan services (for a fee) and appointments can be made over the phone. **Do not delay on this as Live-Scan appointments fill up quickly—often 2-3 weeks in advance!** Make your appointment as soon as possible.

If you have any questions or would like more information about the program or the enclosed hiring packet, please don't hesitate to ~~call or email me anytime. Remember you have been~~ selected for a program that has produced many of the finest Lifeguards in the state. I look forward to seeing you at the training!

Sincerely,

Brian Uhl  
Refugio JG Coordinator  
(805) 331-8018  
refugiojrguards@parks.ca.gov

## ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE

## APPLICANT INFORMATION

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS		CITY	STATE CA ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	CLASSIFICATION REFUGAD JG ASST. Candidate	HIRING DEPARTMENT DPR

## CONTACT INFORMATION

NAME Dion Von Der Lieth	TITLE SPPOS, (Lifeguard)
LOCATION Gaviota State Beach lifeguard headquarters	TELEPHONE (805) 968-3834

## LIST OF ESSENTIAL FUNCTIONS

Enter list of essential functions of the job from current duty statement here, or attach duty statement:

## Position Summary

This position preforms a variety of aquatic services at in and around ocean and inland beaches, and recreational areas on a seasonal basis. Performs technical duties involving public contact, beach patrol, safety activities, and equipment maintenance.

## Essential Functions

The following lists Essential Functions that must be performed at a level which demonstrates the ability to make a typical aquatic rescue and provide public education and interpretive programs.

## A. Rescue Skills/Abilities

## 1. Aquatic

- Swim
- Lift
- Pull
- Run
- Drag
- Climb
- Dive
- Carry
- Hear

## 3. First Aid

- Run
- Carry
- Crawl
- Lie Flat
- Lift
- Pull
- Bend
- Drag
- Stoop
- Climb

## 2. Land

- Run
- Carry
- Crawl
- Hear
- Lift
- Pull
- Bend
- Drag
- Stoop
- Climb

## 4. Qualifications

- Valid Drivers License
- Proper Vision for Specific Classification
- Appropriate First Aid & CPR Certifications
- Ability to work in an Outdoor Environment/Elements

## B. Communication Skills

1. Effective Communication, oral and written
2. Effective Listening and Comprehension skills

## ACKNOWLEDGEMENT

I certify that the duties listed above represent the essential functions of the job and classification listed above.

SUPERVISOR'S NAME DION VON DER LIETH	SUPERVISOR'S SIGNATURE 	DATE
PERSONNEL OFFICER'S NAME Marie McHarg	PERSONNEL OFFICER'S SIGNATURE 	DATE

**ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE****APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS**

I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):

- ☐ I am able to perform all of the essential functions of the job without a need for reasonable accommodation.
- ☐ I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).
- ☐ I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.
- ☐ I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

**REASONABLE ACCOMMODATION (If necessary, you may attach additional pages)**

For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:

**REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)**

I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

**ACKNOWLEDGEMENT**

I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.

APPLICANT'S NAME (Print or type)

APPLICANT'S SIGNATURE

DATE



## Refugio JG Program

# Assistant Duty Statement

**To become an Assistant, you must attend and successfully complete Assistant training.** JG Assistant training is a competitive 20-hour training program and to be held Monday thru Thursday, the week before the start of the 1<sup>st</sup> session from 10am to 3pm at the Refugio State Beach Education Center.

The training is meant to provide candidates with the skills necessary to function as a JG Program Assistant. A standard day includes running, swimming and paddling events, First Aid, CPR, and Lifesaving skills lectures and activities, leadership training and more. Students should be prepared for a rigorous day and should bring a large lunch, lots of water, sunscreen, a towel, a change of clothes, a notebook and pen, and of course, a positive attitude!

### **Desired Qualifications for Assistants:**

- First Aid, CPR, lifesaving and/or other emergency services training / certifications
- Be available during the operating hours of the Refugio JG program
- Ocean experience relating to the position (surfing, swimming, SCUBA, etc.)
- Be a mentor and role model for Junior Lifeguards
- Show appropriate respect for yourself and others
- Follow directions in a timely manner
- Be responsive to constructive criticism, including instructor evaluations
- Communicate concerns promptly to Instructors and Supervisors
- Wear a clean, appropriate uniform daily (Assistants wear black trunks or suits)
- Conduct themselves in a manner which reflects positively on the JG Program and the California State Parks

### **Typical Duties:**

#### **Instruction & Interpretation**

Helps implement daily lesson plans in accordance with JG program mission and objectives. Works with program participants & instructors in the accomplishment of set goals. Strives to ensure that the JG program interprets aquatic safety for all participants through participation, education, and learning.

#### **Leadership**

Through leadership, coaching, training, educating, and directing of JG program participants, the Assistant will be responsible for helping to build a high-[performance, team-based age group that will provide for the health, inspiration, and education of the participants. The Assistant's primary role in this area is to lead by providing a superior example of behavior, sportsmanship, and ability.

#### **Maintenance**

Assists the JG program staff by setting up and breaking down program equipment, transporting equipment to the beach (no driving), and maintaining facilities as needed. Will also become familiar with day to day maintenance of rescue equipment, facilities, and other equipment as necessary in the function of the JG program.

#### **Aquatic Safety**

Assists the JG program staff by helping to safeguard the lives of swimmers, surfers, paddlers, etc. during the program's aquatic activities. May be called to assist in the actual rescuing of participants and/or members of the general public.

#### **First Aid**

Assistants may be called upon to help render emergency first aid to injured/ill JG program participants and members of the general public in accordance with their level of medical training and experience.

#### **Other**

Other duties as assigned.

**Assistant Candidate's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PRE-EMPLOYMENT/CONVICTION DISCLOSURE STATEMENT

### Application Supplement

In accordance with state law and Department policy, the Department of Parks and Recreation requires applicants for particular types of positions to disclose information regarding their criminal history. A conviction or arrest may not automatically disqualify an applicant from employment, but certain types of convictions are a consideration in the hiring process. The type of information you must disclose depends on the position for which you are applying. Failure to disclose information required on this form could result in immediate dismissal, withhold from certification, or rejection. Information entered on this form supplements the information on your application.

**NOTE: This form will be retained in accordance with Government Code 12946. Information given by the applicant is private and confidential; therefore, at no time will any portion of the investigation be revealed to persons other than those authorized to evaluate the results.**

### Completion Instructions

**I. APPLICANT INFORMATION:** The hiring authority/contact completes this information.

**II. ARREST/CONVICTION INFORMATION:** Per designated classification, applicants complete either Category A or Category B section.

**Category A:** Applicants classified under Category A must fully complete this section, entering all arrests or citations and their disposition, regardless of disposition or when/where they occurred, including arrests for offenses for which trial is now pending (give approximate trial date)(Labor Code 432.7a/d). All incidents must be listed, even those you believe may have been deleted from your official records, except: an arrest and/or conviction that has been sealed, expunged, or destroyed under Penal Code 851.8 and 1203.45, or Welfare and Institutions Code 781 and 389; minor traffic violations for which the fine was \$50.00 or less; any offense that was finally settled in a juvenile court or under a welfare youth offender law; or any arrest which resulted in successful completion of a diversion program and subsequent dismissal. You must list the convictions if you have received a release (per Penal Code 1203.4 or 1203.4A; or Welfare and Institutions Code 1179) or a pardon (per Penal Code 4852.160).

**Category B:** Except as noted, applicants classified under Category B must enter all convictions, regardless of when/where they occurred. Arrests for which trial is currently pending must also be included. The following types of marijuana violations may be excluded if they are more than two years old: Health and Safety Code Sections 11357(b) or (c), or a statutory predecessor thereof; 11360(c); or 11364, 11365, 11550 as they related to marijuana prior to January 1, 1976, or a statutory predecessor thereof. Convictions that have been sealed, expunged, or eradicated, or for which the case has been dismissed (e.g., successful completion of a diversion program) may also be excluded.

### PRIVACY NOTICE

**Section 1798.17 of the Civil Code requires this notice be provided when collecting personal information from individuals.**

AGENCY	DIVISION
California Department of Parks and Recreation	Departmentwide
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION	BUSINESS ADDRESS OF OFFICIAL
Director, Department of Parks and Recreation	P.O. Box 942896, Sacramento, CA 94296-0001
AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION	TELEPHONE NUMBER
Under Section 432.7 of the Labor Code, persons seeking employment as peace officers, or for certain other designated positions in the Department of Parks and Recreation may be asked to disclose arrest or detention information regardless of whether the arrest or detention resulted in conviction, referral, or participation in diversion programs (except successfully completed diversion programs or exonerations). Some other designated positions may be asked for information regarding convictions or arrests pending adjudication. Additional authority Sections: Title 11 California Code of Regulations 701(f) - 703(d), 707(b); Labor Code 432.7, 432.8; Penal Code 11105.	(916) 653-8380
THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY	
All information requested on this form is mandatory.	
THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION	
Participation in the pre-employment investigation is required. Omission or falsification of any item may result in the applicant not receiving full consideration for employment.	
THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED	
For designated positions, Department of Parks and Recreation regulations require, at a minimum, pre-employment investigations consisting of fingerprinting and inquiry to local, state and national files to disclose criminal records, and personal interviews to determine applicant's suitability for employment.	
KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) or (f)	
The information given by the applicant and/or that is obtained by the Department Official is private and confidential, and at no time during the investigation or thereafter will any portion of the investigation be revealed to persons other than those authorized to evaluate the results.	



PRE-EMPLOYMENT ARREST/CONVICTION DISCLOSURE STATEMENT  
Application Supplement

APPLICANT NAME

Page \_\_\_\_ of \_\_\_\_

Category B

ARREST/CONVICTION HISTORY (Check applicable box)

☐ I have never been convicted of any offense\* and I have not been arrested for any offense currently awaiting trial or otherwise pending adjudication. (Skip to applicant signature block.) ☐ I have been convicted of the offenses\* listed below and/or have been arrested for the offenses currently pending adjudication as listed below.

OFFENSE	PLACE AND DATE OF CONVICTION OR ARREST PENDING ADJUDICATION		- FOR CONVICTIONS ONLY -		- FOR ARRESTS PENDING ADJUDICATION ONLY -		
	Type	City/State	Date	Charge Of Which Convicted	Dates Of Confinement	Charge For Which Arrested Pending Adjudication	Anticipated Trial Dates
1st	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
2nd	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
3rd	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
4th	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
5th	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
6th	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
7th	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
8th	<input type="checkbox"/> Conviction <input type="checkbox"/> Arrest Pending Adjudication						
I hereby certify that all statements made on this form are true and complete. I understand that omission or falsification of requested information may result in dismissal, withhold from certification or rejection from hire.			APPLICANT SIGNATURE	DATE	HIRING AUTHORITY/CONTACT SIGNATURE	DATE	

\* On Instructions page see Section II, Category B for violations that may be excluded.



## VOLUNTEER SERVICE AGREEMENT

A copy of the volunteer duty statement must be attached.

NAME (First, MI, Last)	HOME PHONE NO.	ALTERNATE PHONE NO.
HOME ADDRESS	CITY/STATE/ZIP CODE	EMAIL ADDRESS
CHECK ONE <input type="checkbox"/> I am 18 years of age or older. <input type="checkbox"/> I am under 18 year of age (Attach a signed Parental/Guardian Permission Form, DPR 208C.)		

### SERVICE AGREEMENT

I agree to comply with all Department policies, regulations, directives and instructions, and to conduct myself in a professional manner, consistent with the same standards as established for Department employees.

I understand that I will not be compensated for any work performed as a State Parks Volunteer, other than for reimbursement of necessary and allowable expenses when authorized in my duty statement and in accordance with State rules. [Reimbursement requires that I complete an Oath of Allegiance (STD. 689).]

I understand that any injuries I sustain in the course and scope of performing authorized volunteer services under this agreement shall be included within the scope of workers' compensation coverage maintained by the Department, to the same extent as injuries sustained by a Department employee. I also understand that the Department may, at its discretion, assume liability for tort claims against me arising from my acts or omissions occurring within the course and scope of my authorized volunteer service.

I understand and agree that all rights, title and interest, including copyright, in and to any materials created by me as a volunteer during the term of this agreement shall belong to the Department upon creation and shall continue in the Department's exclusive ownership upon termination of this agreement. Such materials shall be a work for hire within the meaning of the Copyright Act of 1976, as amended. If and to the extent that any portion of the materials created by me pursuant to this agreement are determined not to be a work for hire, I assign to the Department all rights, title and interest in such portion of the materials, including all related copyrights and other proprietary rights. I agree that the provisions of this paragraph shall be effective unless otherwise agreed to in writing. I agree to cooperate with the Department and to execute any document reasonably necessary to give these provisions full force and effect, even if this agreement has been terminated.

I understand that this agreement remains in effect only so long as is mutually agreeable to both the Department and me, and that either I or the Department may terminate this agreement at any time, with or without cause, and with or without advance notice.

DISTRICT/DIVISION WHERE VOLUNTEER ASSIGNED	WORK LOCATION/PARK UNIT(S)	DATE VOLUNTEER TO BEGIN WORK
CHANNEL COAST DISTRICT	SANTA BARBARA SECTOR	
VOLUNTEER APPROVAL: I hereby volunteer my services as a State Parks Volunteer for the job duties attached.		DEPARTMENT APPROVAL (contingent on approval of appropriate forms)
VOLUNTEER SIGNATURE	DATE	DEPARTMENT REPRESENTATIVE SIGNATURE DATE
▶		▶

### EMERGENCY NOTIFICATION

#### First

NAME	RELATIONSHIP	HOME PHONE NO.	ALTERNATE PHONE NO.
STREET ADDRESS		CITY/STATE/ZIP CODE	

#### Second

NAME	RELATIONSHIP	HOME PHONE NO.	ALTERNATE PHONE NO.
STREET ADDRESS		CITY/STATE/ZIP CODE	

DATE VOLUNTEER SEPARATED	<input type="checkbox"/> Review prior to reinstatement. <input type="checkbox"/> Volunteer in good standing.	DEPARTMENT REPRESENTATIVE SIGNATURE ▶
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## PARENTAL/GUARDIAN PERMISSION FOR JUVENILE VOLUNTEERS

Juveniles are defined as individuals under the age of 18. They may register and become volunteers if they provide written consent from a parent or guardian. The California Department of Parks and Recreation reserves the right to accept or deny any juvenile volunteer's application based on:

- 1) Program/operation needs,
- 2) The applicant's maturity and knowledge,
- 3) The applicant's demonstrated interest in department programs, and
- 4) The availability of adult supervision.

Juvenile volunteers must be assigned an adult supervisor. Arrangements for this supervision must be approved by the California Department of Parks and Recreation.

NAME OF PARENT OR LEGAL GUARDIAN (Please print.)		TELEPHONE NO.
STREET ADDRESS		
CITY/STATE/ZIP CODE		
(Volunteer's Name) , a juvenile, has my permission to participate in <b>California Department of Parks and Recreation volunteer activities. I have read and agree to the requirements stated above.</b>		
PARENT OR LEGAL GUARDIAN'S SIGNATURE		DATE
▶		
UNIT/LOCATION		
SANTA BARBARA SECTOR		
ACTIVITY/PROJECT	DATE(S) OF ACTIVITY/PROJECT	
ASSISTANT CANDIDATE (REFUGIO JGS)		
CHECK ONE:		
<input checked="" type="checkbox"/> <b>Long-Term Volunteer (more than 3 days):</b> As part of the application process, prospective long-term underage volunteers are required to sign a Volunteer Services Agreement (DPR 208) and have this parental permission form signed by the same parent or guardian.		
<input type="checkbox"/> <b>Short-Term Volunteer (3 days or less):</b> Volunteer Services Agreement (DPR 208) <u>not</u> required.		
DPR EVENT SUPERVISOR OR VOLUNTEER PROGRAM LEADER SIGNATURE		DATE
▶		





State of California - The Resources Agency  
DEPARTMENT OF PARKS AND RECREATION

## VOLUNTEER CONFIDENTIAL INFORMATION

This form is to be completed by all campground hosts, or by volunteers whose duties require background checks (e.g., handling sums of money, holding positions of special trust or security, having control over minors, working with interpretive collections, or having access to law enforcement records/communications, etc.). Completed forms must be processed as confidential personnel documents.

NAME (First, M, Last)		HOME PHONE NO.	ALTERNATE PHONE NO.
HOME ADDRESS		CITY/STATE/ZIP CODE	
SOCIAL SECURITY NO.	DRIVER LICENSE OR ID CARD INFORMATION		BIRTHDATE
	No.:	State:	
<i>I hereby authorize representatives of the California Department of Parks and Recreation to perform a background check. I certify that all information on this form is true and complete. I understand that omission or falsification of requested information may result in rejection or termination from volunteer services.</i>			
VOLUNTEER SIGNATURE			DATE

### PRIVACY NOTICE

Information provided by volunteers is afforded confidentiality under the Information Practices Act, Civil Code Section 1798.17, which also provides each individual with the right to review personal information maintained by this agency unless exempted by law.

AGENCY: California Department of Parks and Recreation

TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF INFORMATION: District Superintendent/Division Chief/Section Manager/Supervisor, as appropriate.

AUTHORITY FOR MAINTENANCE OF INFORMATION: California State Government Volunteers Act, California Government Code Section 3110, et seq.

ALL REQUESTED INFORMATION IS MANDATORY EXCEPT AS NOTED BELOW.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION: Placement as a State Parks Volunteer will not be possible.

PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION WILL BE USED: To allow for background checks when required for specific volunteer positions.

KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION [CIVIL CODE SECTION 1798.24(e) OR (f)]: Department Audits Office

### SOCIAL SECURITY NUMBER

Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL93-579). However, if the Social Security Number is not included, the Department of Parks and Recreation will be unable to place the volunteer.

## **IMPORTANT!!!**

### **Instructions for the form on the following page** **(Volunteer's Pre-Designation of Personal Physician)**

- 1) Have your Physician complete this form or write **"No Pre-Designated Physician"** instead of the Physician's name and sign the form.



**DISTRIBUTION:**

Original - Personnel File  
Copy - Supervisor  
Copy - Employee

State of California - The Resources Agency  
DEPARTMENT OF PARKS AND RECREATION

## EMPLOYEE'S/VOLUNTEER'S PRE-DESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- The doctor is your regular physician who is either a physician who has limited his or her practice of medicine to general practice, or a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment and retains your medical records. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses; **and**
- Prior to the injury you provided the Department with the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify the Department if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

EMPLOYEE PRINTED NAME (First, MI, Last)

DIVISION

SECTION/DISTRICT/SECTOR

SOUTHERN

CHANNEL COAST DISTRICT/SANTA BARBARA SECTOR

***If I have a work-related injury or illness, I choose to be treated by the following physician:***

PHYSICIAN'S PRINTED NAME AND TITLE (M.D. or D.O.), OR MEDICAL GROUP

PHONE NO.

( )

STREET ADDRESS

CITY/STATE/ZIP CODE

EMPLOYEE SIGNATURE

DATE

***I agree to this predesignation.***

PHYSICIAN SIGNATURE OR SIGNATURE OF DESIGNATED EMPLOYEE OF PHYSICIAN/MEDICAL GROUP\*

DATE

### FOR ADMINISTRATIVE USE ONLY

RECEIVED BY

TITLE

DATE RECEIVED

\* The physician is not required to sign this form; however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, Sections 9780.1(a)(3) and 9783.

**OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK  
FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA**

STD 689 (REV. 5/2002) (CA ST PKS, EXCEL 12/1/2003)

*Oath may be administered by a person having general authority by law to administer oaths, or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.*

**PART 1 — OATH OF ALLEGIANCE**  
**TO BE COMPLETED BY UNITED STATES CITIZENS ONLY**

**WHO MUST SIGN OATH**—As required in Section 3 of Article XX of the Constitution of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

**WHEN OATH MUST BE SIGNED**—As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

**OATH OF ALLEGIANCE** (Type or print name of employee), then complete Part 3.)

I, [REDACTED], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

**WHERE OATHS ARE FILED**—As required in Government Code Section 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council, shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

**FAILURE TO SIGN**—As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation.

**PENALTIES** (Government Code)

"3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years."

**PART 2 — DECLARATION OF PERMISSION TO WORK**  
**TO BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY**

I am a lawful permanent resident alien of the United States. ☐ YES ☐ NO

If **NO**, please read the following:

I hereby certify, that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

**PART 3 — SIGNATURE AND CERTIFICATION** (No fee may be charged for administering)  
**TO BE COMPLETED BY UNITED STATES CITIZENS AND LEGALLY EMPLOYED NONCITIZENS**

EMPLOYEE'S SIGNATURE

[Signature]

STATE DEPARTMENT OR AGENCY

California State Parks

DIVISION/UNIT

Southern/Channel Coast

Taken and subscribed before me this  
[REDACTED] day of [REDACTED]

AUTHORIZED OFFICIAL'S SIGNATURE

[Signature]

AUTHORIZED OFFICIAL'S TITLE

(SEAL)



State of California - Natural Resources Agency  
DEPARTMENT OF PARKS AND RECREATION

## VISUAL MEDIA CONSENT

### PRIVACY RIGHTS AND USE OF INFORMATION

I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented, in perpetuity, and in all languages throughout the world. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA (print)

**By signing this form I hereby certify that I am the subject and/or parent or legal guardian of the person(s) under 18 years of age named above and I hereby sign this consent form on behalf of myself and/or such person(s) in accordance with the statements above.**

SIGNATURE OF SUBJECT AND/OR PARENT/LEGAL GUARDIAN	PRINTED NAME	PHONE NUMBER
ADDRESS	CITY/STATE/ZIP CODE	E-MAIL ADDRESS

### FOR DEPARTMENT USE ONLY

PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED (print)	UNIT NO.
PHOTOGRAPHER'S NAME AND TITLE (print)	DATE VISUAL MEDIA CREATED

IMAGE NUMBERS

## Memorandum

Date : Prior to Hire

To : ALL SEASONAL EMPLOYEE'S

From : Department of Parks and Recreation  
Channel Coast District Personnel Services

Subject : NEPOTISM POLICY

Employment with the Channel Coast District will be in conformance with the Department's Nepotism Policy. Please read the attached copy. Prior to an appointment, applicants are required to complete and sign the attached, 'Seasonal Hire Questionnaire.' Although a seasonal employee's relationship to another employee of the District will not preclude them from being hired, it will be taken into consideration when assigning the seasonal employee to a specific park unit, service or supervisor.

We want to take this opportunity to again thank you for applying for a position with the district. Channel Coast District is one of the most heavily used Districts in the State Park System. It is expected that all District employee's will provide the best possible service to the visiting public and to their coworkers. The contribution made to our operations by seasonal employees is invaluable. If selected, you will be an important member of the District team.

Sincerely,  
Personnel Services



## NEPOTISM POLICY

Where addressed in a collective bargaining agreement, the agreement is controlling. Otherwise the following applies:

### Purpose

Nepotism is generally defined as a practice of an employee using personal power or influence to aid or hinder another in the employment setting because of a personal relationship. The following provides departmental policy and guidelines on the employment and placement of persons with close personal relationships.

### Policy

It is the policy of the Department to avoid the employment or placement of persons with close personal relationships into position where nepotism could potentially occur, such as where they may work in a unit in close association with each other, work for the same immediate supervisor, have a director indirect supervisor/subordinate relationship, or have peace officer status and work in the same park unit or sector.

### Definitions

**Personal Relationships:** Include, but are not limited to, associations between individuals by blood, adoption, marriage and/or cohabitation.

**Direct Supervisor/Subordinate Relationship:** Working relationship between an employee and any of his/her second level and above supervisors.

**Unit:** In Headquarters, unit may mean office, section or unit, depending on organizational structure. In the Field, unit means park units, sector or district office.

**Park Unit:** State Park, State Historic Park, State Beach, State Reserve, State Historical Monument, Wayside Campground, State Vehicular Recreation Area or State Recreation Area.

**Sector:** Two or more small park units functioning as one larger unit, under the direction of one supervisor.

### Exceptions

It is the responsibility of the supervisor or manager responsible for employment and placement of employees to determine, taking into consideration the specific needs and characteristics of the unit, whether or not the employment or placement of individuals with personal relationships into any of the above employment situations will have potentially harmful or adverse effects on: the work production, safety and security, employees morale or the fair and impartial supervision, treatment and evaluation of employees by supervisors in the unit.

If the supervisor or manager determines that the employment or placement of individuals with close personal relationships will not have any of the above-mentioned effects, or if some extreme recruiting difficulty exists, exceptions to the Department's policy may be granted on a case by case basis by the Deputy Director of Administration. For Exception approval, the supervisor or manager must submit a written request to his/her Division or Office Chief. If approved at that level, the request is forwarded to the Deputy Director of Administration via the Labor Relations Section for final approval.

### Discussion

The intent of this policy is to eliminate the potential for nepotism to occur, not to prevent qualified personnel with close personal relationships from working within the Department so long as the above conditions and problems do not exist.

Whenever requested and staffing flexibility exists, every effort will be made to place qualified personnel with close personal relationships in nearby work locations, as long as the potential for nepotism does not exist. However, such a placement shall not be incompatible with the goals of the Department, upset the smooth and efficient operation of the unit, burden or inconvenience any other employee in the Department.

## CHANNEL COAST DISTRICT SEASONAL HIRE QUESTIONNAIRE

1. How did you find out about the seasonal position you are interviewing for?

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2. Have you read our Departments Nepotism Policy? \_\_\_\_\_

3. Are you related by blood, marriage or cohabitating with anyone working in the Channel Coast District? \_\_\_\_\_ If the answer is yes, please answer the following questions:

a. What is the name of that person?

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b. How are you related?

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c. What sector does that person work in?

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d. What classification is that person?

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This questionnaire will be reviewed by the District Superintendent. If you have any relatives working in the Channel Coast District, he will determine whether hiring you is appropriate with respect to our department's nepotism policy.

Please understand that the questions must be answered honestly and that you can be separated for dishonesty.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return this form to the District Personnel Office



State of California - The Resources Agency CALIFORNIA STATE PARKS		MANUAL
<b>DEPARTMENTAL NOTICE</b>		Administration
No. 99-13		CHAPTER
SUBJECT		1400, Human Rights
SEXUAL HARASSMENT		REFERENCE
ISSUED	EXPIRES	DAM 1465 et seq.
July 7, 1999	When Incorporated	

DPR 375 (Rev. 11/87)(Word, 12/30/97)

WHEN APPLICABLE, ENTER THE NUMBER AND DATE OF THIS DEPARTMENTAL NOTICE IN THE MARGIN OF THE MANUAL PAGE, ADJACENT TO THE SECTION(S) AFFECTED BY IT.

***This Departmental Notice has been re-created for transmittal in electronic format. The original notice was signed by Denzil Verardo, Deputy Director, Administrative Services.***

This Departmental Notice supersedes DN 92-15.

## **SEXUAL HARASSMENT**

1465

### **Policy**

1465.1

The Department of Parks and Recreation, as part of its continuing zero-tolerance policy and pursuant to the guidelines on sex discrimination issued by the Equal Employment Opportunity Commission and the Fair Employment and Housing Act, fully supports efforts to protect and safeguard the rights and opportunities of all people to seek, obtain, and hold employment without sexual harassment or discrimination of any kind in the workplace.

Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 and Section 703(A) of the 1991 Civil Rights Act, and it is against the policies of the Department for any employee, male or female, to sexually harass another employee.

Sexual harassment can result in decreased work productivity, undermining of the integrity of employment relationships, decreased morale, and can cause severe emotional and physical stress.

All employees should be informed of the discrimination complaint process and be assured of their rights to file complaints without fear of reprisal. All employees, including supervisors and managers, should be trained regarding behavior that constitutes sexual harassment. Employees should also understand the importance of reporting incidents promptly to assure that further incidents do not occur.

A court has upheld the dismissal from employment of supervisors who solicit sexual favors from employees, and courts have awarded significant compensatory and punitive damages for which respondent managers can be solely liable.

Managers and supervisors must ensure that their employees are aware of the Department's policy, and supervisory training and employee orientation programs should include information about the Department's sexual harassment policy. Managers and supervisors are expected to convey to their employees strong disapproval of sexual harassment. All employees should be informed clearly regarding behavior that constitutes sexual harassment and the consequences of such actions. They should be aware that sexual harassment of another employee may be grounds for disciplinary action up to and including termination.

## Definition

1465.2

"Sexual harassment" includes any unsolicited or unwelcome sexual overtures by any employee, supervisor, or manager, whenever:

- Submission is made either explicitly or implicitly a term or condition of employment;
- Submission or rejection by an employee is used as a basis for employment decisions affecting the employee; or,
- Such conduct has the potential to affect an employee's work performance negatively or create an intimidating, hostile, or otherwise offensive work environment.

Sexual harassment does not refer to occasional compliments or other behavior of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights and dignity of others, that lowers morale and that, therefore, interferes with work effectiveness. Sexual harassment may take different forms. One specific form is the demand for sexual favors. Other forms of work-environment harassment include:

VERBAL	Sexual innuendos, suggestive comments, profanity, whistling, jokes of a sexual nature, sexual propositions, threats.
VISUAL	Sexually suggestive objects, pictures, or cartoons, graphic commentaries, leering, obscene gestures.
PHYSICAL	Unwanted physical contact, including touching, pinching, brushing the body, assault, coerced sexual intercourse.
OTHER	Sexual advances which are unwanted (this may include situations which began as reciprocal attractions, but which later ceased to be reciprocal).  Women in non-traditional work environments who are subjected to hazing (this may include being dared or asked to perform unsafe work practices, having tools and equipment stolen, etc.) if requests for sexual favors are not met. Employment benefits affected in exchange for sexual favors (may include situations where an individual is treated less favorably because others have acquiesced to sexual advances).  Implying or actually withholding support for appointment, promotion, transfer, or change of assignment; or initiating a rejection on probation or adverse action; or suggesting that a poor performance report will be prepared if requests for sexual favors are not met.

Reprisals or threats after negative response to sexual advances.



Sexual harassment may be overt or subtle. Some behavior which is appropriate in a social setting may not be appropriate in the workplace. But whatever form it takes, verbal, visual, or physical, sexual harassment can be insulting and demeaning to the recipient and will not be tolerated in the workplace.

The following behavior by managers and supervisors also constitutes sexual harassment:

- Failure to take corrective action when the manager or supervisor knows, or reasonably should know, that an employee in the line of his/her supervision is being subjected to sexual harassment on the job by anyone; or
- Retaliation against an employee or applicant for employment who complained of sexual harassment, or who testified on behalf of one who made a complaint, or who assisted or participated in any manner on behalf of a complainant in an investigation, proceeding, or hearing conducted under this policy.

By law, all managers and supervisors are responsible for the actions of their employees. Sexual harassment is a costly form of discrimination that can result in expensive litigation. Such litigation has resulted in back pay or punitive damage awards, withdrawal of federal support funds, and other adverse actions. Supervisors who make sexual advances and base a promotion or the retention of a job on the acceptance of these advances can be held personally and financially liable for their conduct and behavior.

#### **Employer's Legal Obligation and/or Responsibility**

**1465.3**

Managers and supervisors have a legal obligation to ensure that the work environment is free from all forms of discrimination – including sexual harassment. Employers are responsible for the actions of supervisors, and are responsible for acts of other employees if they know or should have known of such acts and fail to take timely and appropriate action. The Department, i.e., Human Rights Office, each manager, supervisor, or EEO Counselor is responsible for investigating complaints of sexual harassment in a timely, thorough, and confidential manner and for taking appropriate action to end any sexual harassment. This responsibility applies even if the complaint is withdrawn or the complainant requests that no action be taken. Once a sexual harassment complaint has been filed (formally or informally), the hiring authority is legally obligated to ensure that the work environment is free of discrimination. Prompt, appropriate action will help avoid or minimize the incidence of sexual harassment and potential employer liability.

#### **Procedures**

**1465.4**

Many persons are not aware that their behavior is offensive or potentially harassing. Often, simply advising them of the offensive nature of their behavior will resolve the problem. Employees should inform the harasser that his or her behavior is unwelcome, offensive, in poor taste, or highly inappropriate. If this does not resolve the concern or if an employee feels uncomfortable, threatened, or has difficulty expressing his or her concern, the employee should contact his or her supervisor, an EEO Counselor, or the Human Rights Office.

Any supervisor, manager, counselor, or investigator receiving a complaint of sexual harassment must promptly inform the Department's Human Rights Office of such complaint.

An employee who believes he or she has been the victim of sexual harassment should contact an EEO Counselor, or the Human Rights Office for informal resolution of the situation and/or counseling. An employee may file formal charges with the Department through the discrimination complaint procedure. An employee may concurrently file discrimination charges with the Federal Equal Employment Opportunity Commission (EEOC) or with the State Department of Fair Employment and Housing (DFEH), regardless of the status of the Department complaint.

All complaints will be treated seriously and handled in a timely and confidential manner. In no event will information concerning a complaint be released by the Department to third parties or to anyone within the Department who is not involved with the investigation, nor will anyone involved be permitted to discuss the subject outside of the investigation. The purpose of this provision is to protect the confidentiality of the employee who files a complaint, to encourage the reporting of any incidents of sexual harassment, and to protect the reputation of any employee wrongfully charged with sexual harassment.

If the investigation reveals that the complaint is valid, prompt attention and action designed to stop the harassment immediately and to prevent its recurrence must be taken. Upon a finding that a Department employee has engaged in prohibited sexual harassment as defined herein, that employee shall receive appropriate disciplinary action which may include demotion or dismissal in accordance with the provisions outlined in Government Code Section 19572. If a disciplinary action is taken, the notice will identify the basis for the action. Before any material is placed in the employee's personnel file, the employee will be given the opportunity to review, sign, and date the material. The employee must also receive a copy of the material.

The Department must take appropriate action to remedy the victim's loss, if any, resulting from the harassment. The remedy for the complainant shall include, but not be limited to, reinstatement of benefits, seniority, and/or back pay. Whatever punishment is meted out to the harasser must be made known (within the guidelines of the Information Practices Act and the Peace Officers Bill of Rights) to the victim to provide a sense of relief.

The Department recognizes that a factual determination based on all facts in the matter is required to distinguish between a purely personal, social relationship without a discriminatory employment effect and a discriminatory act. Given the nature of this type of discrimination, the Department also recognizes that false accusations of sexual harassment can have serious effects on innocent individuals. It is expected that all Department employees will continue to act responsibly to establish and maintain a pleasant working environment, free of discrimination, for all. The Department encourages any employee to raise questions he or she may have regarding discrimination or affirmative action with an EEO Counselor, or the Human Rights Office.



### **0250.11 Workplace Violence Policy**

It is the policy of the Department of Parks and Recreation that threats or acts of violence in the workplace will not be tolerated. (For purposes of this policy, a "*threat of violence*" is any expression of intent to cause pain or harm to persons or property, manifested either verbally or by conduct.) Coworkers, supervisors, subordinates, volunteers, visitors, vendors, members of the public, and others are to be treated with courtesy and respect at all times. Physical or verbal threats of violence are inherently disruptive to the workplace, whether intended to be serious or not, and will not be tolerated. The Department takes all threats of violence seriously, and will immediately investigate any reported threats. Violations of this policy will result in prompt disciplinary action, including dismissal or such lesser levels of discipline as the Department deems appropriate.

The following standards of behavior are required of all employees:

- Employees are to refrain from fighting, dangerous or unsafe rough-housing, wrestling or other physical contact, or any other conduct that may pose an unreasonable danger of injury to themselves or others. (Activities taking place in the context of authorized peace officer training or law enforcement are not included for purposes of this policy.)
- Employees are to refrain from engaging in any conduct or making any statement that might reasonably cause another person to feel threatened, intimidated, or coerced, whether or not the actual intent is to threaten, intimidate, or coerce. (Activities taking place in the context of peace officer training or law enforcement are not included for purposes of this policy.)
- Employees (with the exception of peace officers and others with specific authorization) are prohibited by State law (Penal Code Section 171b) from possessing within a State building any firearm (loaded or unloaded); deadly weapon of any kind; knife with a blade in excess of four inches; unauthorized tear gas weapon; taser or stun gun; any instrument that expels a metallic projectile, such as a BB or pellet, through the force of air pressure, CO2 pressure, or spring action; or any spot marker or paint gun. Employees are further prohibited by this Department policy from bringing firearms, weapons, or other dangerous or hazardous devices or substances onto the work premises without proper authorization. (Employee residences, including garages and outbuildings associated with a residence, are not considered "*work premises*" for purposes of this policy.) Employees must immediately report all threats or acts of violence by any person to a supervisor or other person in a position of authority. If action is not promptly taken to address the threat, the reporting person should contact another person in a position of authority to report both the threat and the inaction. The Department will not tolerate retaliation of any kind against someone who in good faith reports a threat or act of violence.



DEPARTMENT OF PARKS AND RECREATION  
Channel Coast District  
911 San Pedro Street  
Ventura, Ca. 93001  
805-585-1850

Ruth Coleman, Director

**VOLUNTEERS RECEIPT FOR RECIEVING DEPT. POLICIES**

**DATE:** \_\_\_\_\_

**I HAVE RECEIVED, READ AND UNDERSTAND THE FOLLOWING DEPARTMENT  
OF PARKS AND RECREATION POLICIES:**

**PLEASE INITIAL**

\_\_\_\_\_ **DEPT NOTICE NO. 99-13 on SEXUAL HARASSMENT**

\_\_\_\_\_ **DAM 0250.11 WORKPLACE VIOLENCE POLICY**

**VOLUNTEERS NAME:** \_\_\_\_\_

**VOLUNTEERS SIGNATURE:** \_\_\_\_\_



## Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

M F  
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date

22

# LIVE SCAN PLACES OF SERVICE

## DOJ/FBI CHECKS

Call to verify information/hours/cost

SANTA BARBARA COUNTY			
LOCATION	HOURS	* FEES	PAY TYPES
<b>GOLETA - 962</b> L-1 ID Solutions Enrollment Services Div. dbw Goleta Community Care Licensing 6500 Hollister Avenue, Suite 203 Goleta, CA 93117 (800) 315-4507 <a href="mailto:cafingerprint@L1id.com">cafingerprint@L1id.com</a>	<u>Monday:</u> 8:30AM-4:30PM <b>Walk-ins &amp; Appt.</b>  * Mobile Services Available	\$20	Cashier's Check Checks Credit Cards Debit Cards Money Order
<b>LOMPOC</b> Lompoc Police Dept. 107 Civic Center Plaza Lompoc, CA 93436 (805) 736-2341 <a href="mailto:jchastain@ci.lompoc.ca.us">jchastain@ci.lompoc.ca.us</a>	<u>Monday:</u> 1:00PM-4:30PM <b>Walk-ins</b> <u>Tuesday:</u> 1:00PM-4:30PM <b>Walk-ins</b>	\$16.00	Cash
<b>SANTA BARBARA</b> Santa Barbara County Sheriff's Depart. 4434 Calle Real . Santa Barbara, CA 93110 (805) 681-4357	Mon - Fri (8:30am - 4:30pm) Appointment Only	\$7.00	Cash Only
<b>SANTA BARBARA</b> Santa Barbara Police Dept. 215 E. Figueroa Street Santa Barbara, CA 93102 (805) 897-2355	<u>Mon - Fri:</u> 7:00AM-7:00PM <b>Appt. only</b> <u>Tuesday:</u> 7:00AM-12:00PM <b>Walk-ins</b> <u>Thursday:</u> 7:00AM-12:00PM <b>Walk-ins</b>	\$25.00	Cash Credit Cards Debit Cards
<b>SANTA BARBARA - GL2</b> The UPS Store 27 W. Anapamu Street Santa Barbara, CA 93101 (805) 962-0998 <a href="mailto:ca144@theupsstore.com">ca144@theupsstore.com</a>	<u>Mon - Fri:</u> 9:00AM-6:00PM <b>Walk-ins &amp; Appt.</b>  * Mobile Services Available	\$20 - \$25	Cash Checks Credit Cards
<b>SANTA MARIA</b> Santa Barbara Sheriff's Dept. 812 A West Foster Road Santa Barbara, CA. 93455 (805) 934-6175	Mon - Fri (8:30am - 4:30pm) Appointment Only	\$10.00	Cash Only
<b>SANTA MARIA - S92</b> Santa Maria Police Department 222 E Cook Street Santa Maria, CA 93454 (805) 928-3781 ext: 590 <a href="mailto:bvaillancourt@ci.santa-maria.ca.us">bvaillancourt@ci.santa-maria.ca.us</a>	Mon - Fri (11am - 4:30pm) Appointment Only <a href="mailto:bvaillancourt@ci.santa-maria.ca.us">bvaillancourt@ci.santa-maria.ca.us</a>	\$13.10	Cash Credit Cards
<b>SOLVANG</b> Santa Barbara Co. Sheriff's Dept. 1755 Mission Drive Solvang, CA. 93463 (805) 686-5000	Tues & Thur ( 1pm - 4pm) Appointment Only	\$7.00	Cash Only

\* SCHEDULE AN APPOINTMENT ASAP AS IT CAN TAKE 2-3 WEEKS TO FIND AN OPENING.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

CA 0561500

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

CA DEPT OF PARKS AND RECREATION

Agency Authorized to Receive Criminal Record Information

911 SAN PEDRO STREET

Street Address or P.O. Box

VENTURA

City

CA

State

93001

ZIP Code

06903

Mail Code (five-digit code assigned by DOJ)

MARIE McHARG

Contact Name (mandatory for all school submissions)

(805) 648-9934

Contact Telephone Number

### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex

☐

Male

☐

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number 143949

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number: 910

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed